

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/529605**

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3	↓	28	↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.	65	←	108	←		TOTAL DEP.	←		←		←
TOTAL CLAIMS	68		136			TOTAL CLAIMS					

(2)

**MULTIPLE DEPENDENT CLAIM  
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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/					
102		/				
103	/					
104		/				
105		/				
106		/				
107		/				
108		/				
109		/				
110	/					
111		/				
112		/				
113		/				
114		/				
115	/					
116		/				
117		/				
118		/				
119		/				
120		/				
121		/				
122	/					
123		/				
124		/				
125	/					
126		/				
127		/				
128		/				
129		/				
130		/				
131		/				
132		/				
133		/				
134		/				
135	/					
136		/				
137		/				
138		/				
139		/				
140		/				
141		/				
142	/					
143		/				
144	/					
145		/				
146		/				
147		/				
148	/					
149		/				
150		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		/				
152		/				
153		/				
154		/				
155	/					
156		/				
157		/				
158	/					
159		/				
160		/				
161	/					
162	/					
163	/					
164	/					
165		/				
166		/				
167		/				
168		/				
169	/					
170		/				
171		/				
172		/				
173		/				
174	/					
175		/				
176		/				
177		/				
178		/				
179	/					
180		/				
181		/				
182	/					
183		/				
184	/					
185		/				
186		/				
187		/				
188		/				
189		/				
190		/				
191		/				
192		/				
193		/				
194	/					
195		/				
196		/				
197		/				
198		/				
199		/				
200		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

(3)

MULTIPLE DEPENDENT CLAIM  
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SERIAL NO.  
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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1				
202		1				
203		1				
204		1				
205						
206						
207						
208						
209						
210						
211						
212						
213						
214						
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241						
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243						
244						
245						
246						
247						
248						
249						
250						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
251						
252						
253						
254						
255						
256						
257						
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260						
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284						
285						
286						
287						
288						
289						
290						
291						
292						
293						
294						
295						
296						
297						
298						
299						
300						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						